## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/18/08</u>	Address:	515 N Lafayette Ave	
Case #:	<u>52F-44826</u>		Lebanon, IN 46052	
County:	Boone			
Operati	aboratory Seizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only)	Scizure Location (c Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)   Lithium/Ammonia Reaction(s):   Red Phosphorous/Iodine Reaction(s):   Flammable Solvents:   Water Reactive Metal (Lithium): Inside car   Anhydrous Ammonia:   Hydrochloric Acid Gas Generator(s):   Corrosive Acid:   Corrosive Rase:   Other (item and location): Starting Fluid/Ephedrine				
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services  This report is to be faxed to the following agencie		☐ Ephedrin ☐ Retail/M ☑ Other: <u>Tr</u>	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other: Traffic Stop es that serve the location:	
Fire Depart Health Dep Child Proto For further	tment: <u>Lebanon Fire</u> partment: <u>Boone Co. Health</u> extion Service: <u>N/A</u> information regarding this methamph	Fax: <u>765-4</u> Fax: <u>765-4</u> Fax:	183-0739 183-4450 -	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.